

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐ Check if different than previously reported. (ACC)

Owings Mill

MD

21117

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00286922

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeanne Kennedy

Signature of Treasurer

Jeanne Kennedy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">10971.26</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">12972.66</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">6040.22</span>	<span style="border: 1px solid black; padding: 2px;">22541.62</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">19012.88</span>	<span style="border: 1px solid black; padding: 2px;">33512.88</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">9000.00</span>	<span style="border: 1px solid black; padding: 2px;">23500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">10012.88</span>	<span style="border: 1px solid black; padding: 2px;">10012.88</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2013

To:

M M	/	D D	/	Y Y Y Y Y Y
12		31		2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3463.30

6833.30

(ii) Unitemized .....

2576.92

15708.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

6040.22

22541.62

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

6040.22

22541.62

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

6040.22

22541.62

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

6040.22

22541.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	7500.00	7500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	15000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	500.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9000.00	23500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	23500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6040.22	22541.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6040.22	22541.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Aliza Rothenberg**

Mailing Address 3413 Deep Willow Avenue

City State Zip Code  
Baltimore MD 21208-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2013

**Transaction ID : 12621191**

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

**B. Andrew J Fitzsimmons**

Mailing Address 150 Murdock Road

City State Zip Code  
Baltimore MD 21212-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, FINANCIAL PLAN & DATA MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2013

**Transaction ID : 12621480**

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

**C. Michele K Wise**

Mailing Address 3612 Granite Road

City State Zip Code  
Woodstock MD 21163-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, OPERATIONS I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2013

**Transaction ID : 12621646**

Amount of Each Receipt this Period

48.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. William W Showman

Mailing Address 2122 Country Fair Lane

City

Sykesville

State

MD

Zip Code

21784-6316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, ACCOUNTING OPERATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12621708

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

B. Michael P Whitlock

Mailing Address 5002 Hollington Drive  
Unit 202

City

Owings Mills

State

MD

Zip Code

21117-7012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

PMO SR. PROJECT MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12621823

Amount of Each Receipt this Period

56.00

Full Name (Last, First, Middle Initial)

C. Daniel J Winn

Mailing Address 468 Five Farms Lane

City

Timonium

State

MD

Zip Code

21093-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP &amp; MEDICAL DIRECTOR III

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12622307

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

164.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Wanda H Moore**

Mailing Address 5209 Janesdale Court

City

Glenn Dale

State

MD

Zip Code

20769-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, CORPORATE TAXATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12622497

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Jon P Shematek**

Mailing Address 1200 Steuart Street  
Unit 921

City

Baltimore

State

MD

Zip Code

21230-5385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12622844

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Louisa L Tavakoli**

Mailing Address 47614 Loweland Terrace

City

Potomac Falls

State

VA

Zip Code

20165-5143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

VP, Mandates Strategy & Delive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12624562

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Theresa M Twohig**

Mailing Address 114 Pinewood Rd

City

Elkview

State

WV

Zip Code

25071-9415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Area Services Co, Inc

Occupation

VP (SUBSIDIARY), CASCI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12625163

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

**B. Steven D Suttles**

Mailing Address 7257 Conley Street

City

Baltimore

State

MD

Zip Code

21224-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

ENGINEER, LD SOFTWARE TESTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12631852

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

**C. Clayton M House**

Mailing Address 5221 Bodeaux Cv

City

Ellicott City

State

MD

Zip Code

21043-7086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

ARCHITECT, ENTERPRISE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 12631901

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

156.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

## **A. Darlene L Lawrence**

Mailing Address 8152 Bell Tower Crossing

City  
Pasadena

State  
MD

Zip Code  
21122-3837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Hosp & Med Svcs, Inc

Occupation

AVP, PROF REL&PERF BASED PGMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 12632075**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **B. Zev B Lavon**

Mailing Address 4804 Hawksbury Road

City  
Baltimore

State  
MD

Zip Code  
21208-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

ARCHITECT, ENTERPRISE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 12632542**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **C. Maria H. Tildon**

Mailing Address 5616 Cross Country Blvd

City  
Baltimore

State  
MD

Zip Code  
21209-4418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SVP, PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 15381979**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

## **A. Brian Wheeler**

Mailing Address 225 I St., NE  
#114

City State Zip Code  
Washington DC 20002-4490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SPEC. ASST TO THE PRES & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.30

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 16721132

Amount of Each Receipt this Period

51.30

Full Name (Last, First, Middle Initial)

## **B. Robert Laurenzano**

Mailing Address 273 Hickory Ridge Dr.

City State Zip Code  
Queenstown MD 21658-1392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFrist, Inc.

Occupation

Dental Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 17052713

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

## **C. Tonya Vidal Kinlow**

Mailing Address 3952 2nd St., SW

City State Zip Code  
Washington DC 20032-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Vice President, Government Affairs, DC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 17052714

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

159.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Chester Burrell**

Mailing Address 3023 O Street

City

Washington

State

DC

Zip Code

20007-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 17272273

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Steven Margolis**

Mailing Address 6749 Cortina Dr

City

Highland

State

MD

Zip Code

20777-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

Senior Vice President, ASU Small - Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 17347747

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Edwin Goodlander**

Mailing Address 102 Oakdale Road

City

Baltimore

State

MD

Zip Code

21210-2560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

COUNSEL, ASSISTANT GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 17370602

Amount of Each Receipt this Period

48.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

708.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Avotins**

Mailing Address 8 Springhill Farm Court

City

Cockeysville

State

MD

Zip Code

21030-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Senior Vice President, ASU - LARGE GRO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 19328414**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Mr. Fred Plumb**

Mailing Address 8207 Mount Vernon Highway

City

Alexandria

State

VA

Zip Code

22309-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SVP ASU - FEP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 19341029**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Deborah Rivkin**

Mailing Address 841 Sand Cherry Lane

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

VP GOVERNMENT AFFAIRS MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : 19372124**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

## **A. Mr. Randolph Sergent**

Mailing Address 2513 Holly Springs Ct.

City State Zip Code  
Ellicott City MD 21043-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2013

Transaction ID : 19474609

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Kenny Kan**

Mailing Address 12823 MacBeth Farm Lane

City State Zip Code  
Clarksville MD 21029-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2013

Transaction ID : 19474610

Amount of Each Receipt this Period

96.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Harry D Fox**

Mailing Address 10421 Logan Drive

City State Zip Code  
Potomac MD 20854-3912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst BlueCross BlueShield

Occupation

SVP, TECHNICAL & OPS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2013

Transaction ID : 19613306

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

204.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 15 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Jenene L Williams

Mailing Address 5007 Ashman's Hope

City

Baltimore

State

MD

Zip Code

21207-6574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst, Inc.

Occupation

DIRECTOR, EXTERNAL AUDIT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : 19896102

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

B. Michael J Felber

Mailing Address 14 Lochmoor Court

City

Timonium

State

MD

Zip Code

21093-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262109830795

Amount of Each Receipt this Period

60.00

P/R Deduction (\$14.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Rita A Costello

Mailing Address 1911 Corbridge Lane

City

Monkton

State

MD

Zip Code

21111-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262117330795

Amount of Each Receipt this Period

120.00

P/R Deduction (\$12.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

228.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262121130795

Amount of Each Receipt this Period

192.00

P/R Deduction (\$16.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Jeanne A Kennedy

Mailing Address 4915 Bramhope Lane

City

Ellicott City

State

MD

Zip Code

21043-7410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, TREASURY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262149030795

Amount of Each Receipt this Period

48.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

c. Meryl D Burgin

Mailing Address 3 Sapphire Hill Ct.

City

Baltimore

State

MD

Zip Code

21209-1563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

Vice President &amp; DEPUTY GENERAL COUNSI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262151830795

Amount of Each Receipt this Period

60.00

P/R Deduction (\$2.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A. Steven J Sanders**

Mailing Address 8495 Kings Meade Way

City State Zip Code  
 Columbia MD 21046-1269

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

MEMBER, SR TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2013

Transaction ID : PR1262155630795

Amount of Each Receipt this Period

48.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. William V Stack**

Mailing Address 9 Farm Ridge Court

City State Zip Code  
 Baldwin MD 21013-9782

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2013

Transaction ID : PR1262156130795

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Sandra A Dilworth**

Mailing Address 3 Tottenham Court

City State Zip Code  
 Baltimore MD 21234-2013

FEC ID number of contributing federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

DIRECTOR, NETWORK &amp; DESKTOP SE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2013

Transaction ID : PR1262162730795

Amount of Each Receipt this Period

84.00

P/R Deduction (\$4.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

192.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

EVP, CFO &amp; TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262210230795

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Michelle J Wright

Mailing Address 151 Longview Drive

City

Baltimore

State

MD

Zip Code

21228-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262215530795

Amount of Each Receipt this Period

56.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Jeffery W Valentine

Mailing Address 224 Tyrone Circle

City

Baltimore

State

MD

Zip Code

21212-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, CORP COMM &amp; REP MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262275230795

Amount of Each Receipt this Period

48.00

P/R Deduction (\$4.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

224.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Winston Wong

Mailing Address 1998 Conan Doyle Way

City

Eldersburg

State

MD

Zip Code

21784-6880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, PHARMACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262303730795

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Michael B Edwards

Mailing Address 142361613 Turks Cap Lily Lane

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Hosp &amp; Med Svcs, Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262403030795

Amount of Each Receipt this Period

84.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)

C. Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City

Owings Mills

State

MD

Zip Code

21117-6175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

SVP, AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262714630795

Amount of Each Receipt this Period

96.00

P/R Deduction (\$12.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

**A.** Stacey R Breidenstein

Mailing Address 1717 Boggs Rd

City

Forest Hill

State

MD

Zip Code

21050-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CareFirst of Maryland, Inc

Occupation

AVP, PROV CONTRACTING&INST REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

Transaction ID : PR1262762630795

Amount of Each Receipt this Period

48.00

P/R Deduction (\$8.00 Weekly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

48.00

3463.30

	21b	<b>X</b>	22		23		24		25		26
	27		28a		28b		28c		29		30b

CareFirst BlueCross BlueShield Associates' Federal PAC

### A. BluePAC

Date of Disbursement

Mailing Address 1310 G Street NW

City	State	Zip Code
Washington,	DC	20005

Transaction ID : 54100416

### Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

7500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

[illegible]

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

7500.00

**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Eleanor Holmes Norton**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2013

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement

011

**Transaction ID : 56871157**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Eleanor Norton**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DC District: 00

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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1000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**CareFirst BlueCross BlueShield Associates' Federal PAC**

Full Name (Last, First, Middle Initial)

**A. Evans for Mayor**

Mailing Address 2213 14th St., NW

City  
WashingtonState  
DCZip Code  
20009Purpose of Disbursement  
Jack Evans, MAYOR DC

Candidate Name

**Jack Evans**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		10		2013

**Transaction ID : 56816030**

Amount of Each Disbursement this Period

500.00
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Jack Evans, MAYOR DC

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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500.00
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